



Montana Medicaid

CLAIM JUMPER

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PASSPORT Client Lists

PASSPORT to Health providers will notice that the format of their client list has changed over the last several months. On prior client lists, some clients were marked with an asterisk (*) that meant the client's Medicaid eligibility had not yet been determined. The current client list does not distinguish whether a client's Medicaid eligibility is current or pending.

These client lists do not represent verification of Medicaid eligibility. When PASSPORT clients seek health care

services, providers need to check their current Medicaid eligibility by using one of the established Medicaid eligibility tools.

If providers have questions regarding their client list or their PASSPORT caseload, they should call the PASSPORT to Health helpline at 1-800-362-8312.

Submitted by Jackie Thiel, DPHHS

Medicare Provider Numbers Needed

With the implementation of COBA, ACS must have your Medicare number on file to correctly process Medicare crossover claims. If ACS receives a claim with a Medicare number that is not on file, a letter will be generated indicating that the claim could not process. Also, each Medicare number can be linked to only one Medicaid number, but one Medicaid number can be linked to many Medicare numbers.

To further ensure your claims process properly, please make sure your Medicaid number is on your Medicare claims.

New Form for School-Based Services

Schools that bill Montana Medicaid for services included in Individualized Education Programs (IEP) will need to use a new Permission to Bill Medicaid form. Effective October 13, 2006, the federal special education law is requiring that this form be included in every child's IEP file. The form was developed by the Montana Office of Public Instruction and Montana Medicaid.

Please go to the Forms page of the mtmedicaid.org website, download the form, and include it in each child's file.

This form must be dated and in the child's file before billing Medicaid for services after October 13, 2006. The date of the parent's signature can be after October 13, 2006, but still must be before any billing for that date of service.

Submitted by Rena Steyaert, DPHHS

1099 Verification Letters

You may have received a letter asking you to verify tax information on file with Montana Medicaid. If your information is correct, you do not need to return the letter. If your information is not correct, mail or fax the form as indicated with your changes. If you have questions, call ACS Provider Relations at 1-800-624-3958.

COBA and Medicare Crossovers

Montana Medicaid started receiving and processing Medicare Part A and B crossovers electronically through the Coordination of Benefits Contractor, GHI, in September. Since all Medicare claims for dually eligible clients are sent directly to Medicaid, providers should no longer send in their Part A crossovers on paper.

If you have questions about COBA or crossover claims, call Provider Relations at 1-800-624-3958.

Documentation for Services Not Covered by Medicare

Providers who are submitting claims to Medicaid for dually eligible clients for services not covered by Medicare need to attach the Medicare EOMB with a valid denial or a Medicaid blanket denial letter. Any other documentation submit-

ted by the provider will not be sufficient to force the Medicare edits so that Medicaid pays for those services, even if it is something that Montana Medicaid accepted in the past.

New Website URL

In order to better analyze provider usage, the Department has changed the provider website URL. Providers can still get to the site by typing www.mtmedicaid.org or by typing the actual URL, which is now <http://medicaid.provider.hhs.mt.gov>. Providers who previously saved the website in their favorites may need to update the URL to the new one.

Prior Authorization on the Move

Effective January 1, 2007, responsibility for the prior authorization of DMEPOS and physician related services will be transferred from SURS/PA to the Mountain Pacific Quality Health Foundation (MPQHF). As of January 1, please direct your PA requests to:

Mountain-Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602

Fax: Local 443-4584
Long distance
1-800-497-8235

Phone: Local 443-4020, ext. 5850
Long distance
1-800-262-1545, ext. 5850

Please contact Liz Harter, SURS Supervisor, at (406) 444-4586 if you have any questions about this transfer and transition.

Submitted by Liz Harter, DPHHS

Are You Ready for NPI?

May 23, 2007, is the National Provider Identifier (NPI) compliance date. All healthcare providers will be required to obtain and use an NPI by that date. Getting your NPI is only the first step in preparing for the deadline. You will also need to allow time to share your NPI with payers and other trading partners, update referral lists, and modify and test any affected computer systems.

To prepare for NPI, the Department of Health and Human Services is requiring

all Medicaid, CHIP, and MHSP providers to re-enroll with Medicaid with their NPI before May 23, 2007. Medicaid will start processing the new enrollments in January 2007. The Department strongly encourages providers to use the Montana Access to Health (MATH) web portal for this re-enrollment as it alerts providers to missing information. Also, online applications are processed more quickly; paper applications are not guaranteed to process by May 23, 2007, and may cause your claims to deny.

Providers will continue to bill with their proprietary Montana Medicaid number until May 23, 2007, and will use their NPI after that date.

If you need information about NPI or you have not registered to use the web portal, visit www.mtmedicaid.org.

SLMB and QI-1 Eligibility in the MMIS

Recently, the Montana MMIS began accepting eligibility from the State's eligibility contractor, Northrup Grumman, for two additional Medicare savings programs, SLMB (Specified Low-Income Medicare Beneficiary) and QI-1 (Qualifying Individual). We have always accepted eligibility for QMB (Qualified Medicare Beneficiary) individuals. Eligibility for the SLMB and QI-1 individuals was loaded back to June 2003. The eligibility verification systems (AVRS, Faxback, MATH web portal and X12 batch 271 transactions) have also been updated to reflect these new eligibility combinations.

New Dental Hygienists Program

Effective July 1, 2006, licensed dental hygienists may provide certain preventative services under the general supervision of a licensed dentist, without the dentist being present, in a public health facility. These services include removal of deposits and stains from the surfaces of teeth, the application of topical fluoride, polishing restorations, root planing, placing of sealants, oral cancer screening, exposing radiographs, and charting of services. A dental hygienist may give instruction in oral hygiene without the supervision of a licensed dentist in a public or private institution, hospital, extended health care facility or under a board of health or in a public clinic.

Hygienists need to be enrolled in Medicaid as a provider type 18 with a 49 specialty or as a CHIP provider with a 49 specialty.

Submitted by Fran O'Hara, DPHHS

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

Billing for Anesthesia Units

Beginning in mid-November, Montana Medicaid will be looking at the type of units qualifier when processing all anesthesia claims.

A system change was made to accommodate crossover claims, but some providers are also submitting electronic claims with a UN qualifier. If these providers use a UN qualifier but bill for the actual minutes, the claims will be overpaid.

The exact location on the 837P transaction is in the 2400 Loop in the SV1-03 segment and is called the "Unit or Basis for Measurement Code." Providers can choose UN (units) or MJ (minutes).

Noridian to Be New Medicare Claims Processor

Noridian Administrative Services is the new contracted Medicare Part A and B claims processor and will be taking over from BCBS effective December 1, 2006. There have been proactive communications with Noridian regarding the transition that is to take place, and we do not anticipate any problems with the crossovers as we will still be using GHI to process as the clearinghouse.

14,250 copies of this newsletter were printed at an estimated cost of \$.39 per copy, for a total cost of \$5,623.82, which includes \$2,645.89 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis, at (406) 444-9772.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices		
10/04/06	Physicians, Mid-Level Practitioners	Change in Reimbursement of the -QY Modifier
10/10/06	Durable Medical Equipment	Separately Billable Supplies
10/23/06	FQHC	Type of Bill 731 Now Allowed
10/23/06	Ambulance, Outpatient Hospital, Commercial and Specialized Non-Emergency Transportation	Mileage Rate Increase
10/31/06	School-Based Services	New Permission to Bill Medicaid Form
11/02/06	Inpatient Hospital, Outpatient Hospital	COBA Update
11/02/06	Outpatient Hospital	Processing of Outpatient Prospective Payment System (OPPS) Claims With Certain Drug Administration Code Pairs
11/02/06	Durable Medical Equipment	Durable Medical Equipment Coverage for Clients With Basic Medicaid Only
Fee Schedules		
09/29/06	Hospice	Revised FFY06 fee schedule
10/04/06	Dental	Revised fee schedule
10/23/06	Specialized Non-Emergency Transportation	Revised fee schedule
10/23/06	Durable Medical Equipment	Revised fee schedule
11/02/06	Ambulance, Personal Transportation and Per Diem, Commercial and Specialized Non-Emergency Transportation	Revised fee schedules
Manuals and Replacement Pages		
11/02/06	EPSDT	Revised EPSDT manual
Other Resources		
09/29/06	All Provider Types	Hotel reservation information for fall provider training
10/03/06, 10/09/06, 10/16/06, 10/23/06, 10/30/06	All Provider Types	What's New on the Site This Week
10/03/06	All Provider Types	"NPI—Will You Be Ready?" added to NPI page
10/04/06	Dentist, Indian Health Services	Updated remittance advice notice
10/12/06	All Provider Types	November 2006 <i>Claim Jumper</i>
10/12/06	All Provider Types	New item regarding Medicaid to Medicare provider number cross-reference request form added to home page, form added to Forms page
10/12/06, 10/24/06	All Provider Types	"NPI: Get It. Share It. Use It." added to NPI page
10/16/06	Pharmacy	Updated PDL
10/18/06	All Provider Types	Updated carrier codes sorted by ID number and name
10/30/06	Durable Medical Equipment	Link to Noridian Administrative Services added
10/31/06	School-Based Services	New Permission to Bill Medicaid form added to Forms page
11/02/06	Pharmacy	Updated PDL and Quicklist

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Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

Prior Authorization

DMEPOS (406) 444-6977

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604